CALIFORNIA DEPARTMENT OF
Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Clinical Pathway Concept

Function Category:

[X] **PATIENT-FOCUSED**   [ ] **ORGANIZATION**   [ ] **STRUCTURES**

Sub-category(s): Care of Patient   **Heading: Programming**

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Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒**Sample Pathway Form**

[ ]   [ ]   [ ]   [ ]

Photographs   **Video Tape**   **Drawings**   **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

   There are 5 phases and many components that comprise the Sexual Offender Commitment Program (SOCP) treatment regimen. Patients each move through the 5 phases at different rates and tracking their progress is made more complex by the fact that some patients resist and refuse to engage in some treatment activities.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT** (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Many disciplines treat the patient and each of those, need to know the status of the patient's participation in therapy. It is difficult to assess at a glance a patient's status of participation or completion of the many program requirements.

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3. **ANALYSIS**   (Describe how the problem was analyzed.):

As new units came on line in the SOCP program, and patients were transferred between units, clinicians experienced frustrations with an inability to readily determine where a patient was in the complex phases of the treatment process.

4. **IMPLEMENTATION**   (Describe your implementation of the solution.):

Mike Hughes, the SOCP Program Assistant developed a "Clinical Pathway" tool to document the patient's progress through the required treatment components.   The tool is titled **The SOCP Checklist** and is structured in a relatively chronological order that details each of the 5 treatment phases and each of the components within the phases. When a patient completes a component, a clinician verifies the achievement on the SOCP Checklist and signs and dates the checklist. The checklist is printed on heavy card-stock and kept topmost in the SOCP section of the chart for easy and reliable access.

5. **RESULTS**   (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Treatment staff can look at the topmost page of the SOCP section of a chart and see at a glance the patient's progress through the treatment program. The various psychological assessments and narrative clinical progress notes are still imperative in making clinical conclusions about the patient's health status and the efficacy of the treatments.

6. **LEARNING**   (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The hospital has learned that this clinical pathway concept may be used effectively in other treatment settings. We have also learned that patient's may attempt to use the presence of their completed checklists claim that they are "done" with their therapy while they may not have made the necessary internal, personality or behavioral changes required of them. The checklist is simply a visual tool for clinicians to check for a patients completed assignments